

# Children's Special Health Internal Policy/Statement Chronic Otitis Media/Tympanostomy Tubes

#### **Description**

Tympanostomy tubes (commonly known as Pressure Equalization "PE tubes") are small tubes that are inserted through the eardrum to treat persistent middle ear effusion (fluid behind the eardrum) or serous otitis media (middle ear infection) in children. The tube equalizes the pressure on both sides of the eardrum, permitting drainage.. The most common reason for performing this surgery is when a child has had fluid build-up behind the eardrum for 4 months or longer, plus has hearing loss or other risk for developmental problems. If there is a compelling reason, some children may be candidates for ear tube surgery regardless of how long the fluid has been present or their hearing ability. Placement criteria: chronic middle ear effusion, unresponsive to acute or prophylactic antibiotic therapy; cleft palate or similar craniofacial abnormality; chronic Eustachian tube dysfunction, unresponsive to therapy; persistent middle ear effusion or dysfunction due to Down's Syndrome, Cystic Fibrosis or other genetic condition, and other cases may be considered on an individual basis

#### **Diagnostic Criteria**

- Audiometric screening
- Visual observation of tympanic membrane

# **CSH** Coverage

- Only providers listed on the Eligibility Letter will be paid
- Labs/Tests must be performed by a Wyoming Medicaid provider
- Well Child Checks (coverage limited to Pediatrician) according to AAP Periodicity Schedule
- Medications
  - None
- Equipment/Supplies
  - None

Contact CSH for questions regarding additional medication and/or equipment/supplies

#### Minimum Standards of Care/Care Coordination

### Refer to Care Coordination Manual, Ch. 3, Pg. 8, Child and Family Assessment

- Perform **Nursing Assessment** with detailed focus on the following:
  - Assess current signs and symptoms (hearing loss, ear drainage, balance problems, fever, confusion or sleepiness, drainage or swelling behind the ear)
  - Nutrition and eating patterns
  - Exercise and physical activity
  - Current medications/any side effects or reactions
  - Known food and/or drug allergies
  - Height and weight, plot on growth curve
- Assure family is attending medical appointments as needed for follow-up
- Encourage testing as recommended by the American Association of Pediatrics. (AAP)
- School performance and behavior
- Encourage family and child to live as "normal and active" life as possible

*Contact CSH if family is Non-Compliant* (i.e. repeated missed appointments, failure to follow healthcare plan)

• **Referrals** that may be recommended (CSH prefers Pediatric Specialist, if possible)

# Visits to Providers may be limited due to budget

- Otolaryngologist (ENT)/Otologist
- Audiologist
- Speech/Language Therapist
- Developmental Specialist
- Link the child and family with appropriate and needed services

## Specialists may or may not be covered by CSH Program

#### • Well Child Checks

- Immunizations (including vaccinations)
- Assess and follow-up any abnormal findings
- Dental
- Vision
- Hearing

## • Emergency Preparedness Plan

- Medic Alert ID bracelet / necklace should be encouraged
- Medical Emergency Plan of what to do for the child's care when away from home or with a different caregiver (i.e. pain management, drainage from ear, tubes falling out)
- Discuss self-management of the disease

## • Health Record

- Encourage family to maintain a record of the child's health information ("Packaging Wisdom" as a suggestion) that includes:
  - Medication administration:
    - Type
    - Dosage/Frequency, any side effects or response to medication
    - Allergies
  - Type of tube placed, length of time tube has remained in place, date when tube lost
  - Hearing tests
  - Treatments/procedures and hospitalizations
  - List of providers and contact information, if available

### Transition

#### Refer to the Care Coordination Manual, Ch. 3, Pg. 10, Coordinating Care

 Discuss with the family if the child is eligible for an IFSP, IEP, or qualify for Section 504 according to the American Disability Act (ADA)